

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 1164

Willie Lee Stanley JR 4th

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

~~Willie Lee Stanley Jr~~
~~Elmhurst Hospital Center, NY~~
~~Attala President (NYC)~~
~~Elmhurst Hospital Center~~
~~Elmhurst Hospital Center~~

- (a) NEW York State
 (b) NEW York City

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Willie Lee Stanley Jr 4thID # 3491220956Current Institution GRVC Bing 11AAddress 29-09 Hazen Street East
Elmhurst NY, 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? New York
Downtown Hospital, Manhattan Detention center,
09-09 Hazen Street East Elmhurst NY, NY, 11370.
- B. Where in the institution did the events giving rise to your claim(s) occur? in Both Jails. NY City
- C. What date and approximate time did the events giving rise to your claim(s) occur? January 4, 2013 and continue on the
6, 7th Ex sadura.

What happened to you?

Who did what?

Was anyone else involved?

M. Needham #51131100697
J. Santana #2411207479

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Temporary Paralysis and Having to be
Wheel Chair Bound. Mentally & Emotional
Physical. Chastisement and Unusual Punishment.
Medical mal Practice. Low Back Pain
Crawling unusual Punishment.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GRVC, M.D.C. Correctional Facility

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No Do Not Know _____

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

in the grievance Box in the Housing Facility

1. Which claim(s) in this complaint did you grieve? Every claim

2. What was the result, if any? NObody got back to me.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I NEVER Went Farther than Filing a grievance. Do to the Fact by the (MD) and (RN) Denying my Medication I really Havent had any Energy to even act up to use the Bath room. TO SICK to Function.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:
-
-
-

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: I never got an Re-Sponde For my grievance.

(G)

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would like

4.4 million Dollars I million for what Doc Put me through. I million for what the Hospital Put me through.
2 million for what the Department of Mental Hygiene put me thru.
and putting me in a life of Beat situation.

I would also like to be put out of this cell state. & in a dorm like. The Doctor recommended that will happy to me. Take me out this life and ~~the~~ Beat situation. and never be put back in this Padicament again.

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20___.

Signature of Plaintiff

Inmate Number

Institution Address

Willa Lee Dorley
3491220956
09-09 Hazon St
East Elmhurst NY
N.Y. 11370 11A
G-RVC.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this _____ day of _____, 20 ___, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Willa Lee Dorley

Defendant No. 6 New York Downtown
Hospital.

Were currently Employed: New York Downtown
Address: 170 William Street New York, NY 10038

Defendant #5

Department of Correction

Defendant #6 Commissioner of Department of Correction
John Doe or Jane Doe of Manhattan
Detention Center.

Defendant #7 Warden John Doe or Jane Doe
of Manhattan Detention Center.

Defendant #8 Captain Jane Doe shield #
911. Capt Webb. Suraccuracy Captain
Shield #???. Capt Blastagate. Fall corn hole
To the back Dark skin about 450 pounds.
aka captain in 7500th call from M.D.C Facility.

Defendant #9 Walker (PA) M.D.C Facility.
Work in the clinic. Bold Hair Brown skin mid 40s

Defendant #10 MS Hayes (RN) M.D.C Nurse.

Defendant #11 John Doe Bay # 14624 M.D.C Worker

Defendant #12 Department of Health and Mental Hygiene

Defendant: ~~12~~¹³

Commissioner of GRVC Correctional Facility, John Doe OR Jane Doe.

Bing of IIA

Warden Jane Doe OR John Doe, of GRVC Correctional Facility Defendant: ~~14~~¹⁶
~~15~~ Bing IIA

Defendant: ~~15~~¹⁴ Dept of GRVC bing in IIA Jane Doe John Doe.

Defendant: ~~16~~¹⁵ Department of Health and Mental Hygiene of the Bing Jane Doe OR John Doe, of GRVC.

Defendant: ~~17~~¹⁶ Sanitary Warden of the Bing. of GRVC Jane Doe OR John Doe

Defendant: ~~18~~¹⁷ Commissioner Sanitary of the Bing of GRVC Jane Doe OR John Doe

Defendant: ~~19~~¹⁸ Dept of Sanitary of ~~20~~²¹ GRVC John Doe Jane Doe,